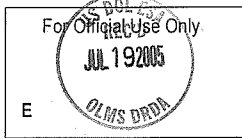


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|   |  |
|---|--|
| 1. File Number U - <u>3601</u>  | 2. Fiscal Year Covered From:<br><u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>   |
| 3. Name and address of person filing.<br>Name <u>Betsy</u> <u>L</u> <u>Porter</u><br>P.O. Box, Bldg., Room No., if any<br>Street <u>800 Troy-Schenectady RD</u><br>City <u>Latham</u><br>State <u>New York</u> ZIP Code + 4 <u>12110-2455</u> | 4. Name, file number, and address of labor organization.<br>Name <u>New York State United Teachers</u><br>Labor Organization File Number <u>070-581</u><br>P.O. Box, Building and Room Number, if any<br>Street <u>800 Troy-Schenectady RD</u><br>City <u>Latham</u><br>State <u>New York</u> ZIP Code + 4 <u>12110-2455</u> |
| 5. Position in labor organization.  |  |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|  |  |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name, if any).<br>Name<br>Trade Name, if any:<br>P.O. Box, Bldg., Room No., if any<br>Street<br>City<br>State ZIP Code + 4  | 7.a. Nature of Interest, Transaction, or Income.<br><br>7.b. Amount. |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Betsy Porter*

On

7/8/2005

Date

518-213-6000, ext. 1247

Telephone Number

|   |                            |
|---|----------------------------|
| Name of Person Filing <b>Betsy Porter</b> | File Number U- <b>3601</b> |
|---|----------------------------|

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

|  |   |
|--|---|
| <p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Marsh Affinity Group Services</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>1440 Renaissance DR</b></p> <p>City <b>Park Ridge</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>60068-1400</b></p>              | <p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <b>New York State United Teachers Benefit Trust</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>800 Troy-Schenectady RD</b></p> <p>City <b>Latham</b></p> <p>State <b>New York</b> ZIP Code + 4 <b>12110-2455</b></p> | <p><b>11.a. Nature of such dealing.</b></p> <p><b>Contracted broker, administrator, and claims adjudicator of insurance programs offered to NYSUT membership</b></p>                        |
|  | <p><b>11.b. Approximate dollar value of such dealing.</b> <b>Unknown</b></p>  |
|  | <p><b>12.a. Nature of interest held or income received.</b></p> <p><b>12/2004 - Holiday plant - distributed to staff</b></p>  |
|  | <p><b>12.b. Amount.</b> <b>\$45</b></p>   |

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

|  |   |
|--|---|
| <p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p><b>14.a. Nature of payment.</b></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| <p><b>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</b></p>  | <p><b>14.b. Amount of payment.</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>  |

Name of Person Filing Betsy Porter

File Number U- 3601

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name MetLife

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One Financial Center, Floor 22

City Boston

State Massachusetts ZIP Code + 4 02111

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name New York State United Teachers Benefit Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 800 Troy-Schenectady RD

City Latham

State New York ZIP Code + 4 12110-2455

## 11.a. Nature of such dealing.

Contracted provider of insurance and financial programs offered to NYSUT membership

## 11.b. Approximate dollar value of such dealing.

unknown

## 12.a. Nature of interest held or income received.

1/7/2004 - Dinner in connection with business meeting - est. value of \$40  
7/16/2004 - Lunch in connection with business meeting - est. value of \$40

## 12.b. Amount.

est. \$80

Name of Person Filing Betsy Porter

File Number U-

3601

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name ING Financial Advisers LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 151 Farmington AVE

City Hartford

State Connecticut

ZIP Code + 4 06156

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name New York State United Teachers Benefit Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 800 Troy-Schenectady RD

City Latham

State New York

ZIP Code + 4 12110-2455

## 11.a. Nature of such dealing.

Contracted provider of financial programs offered to NYSUT membership

## 11.b. Approximate dollar value of such dealing.

unknown

## 12.a. Nature of interest held or income received.

3/24/2004 - Dinner (~\$50) & theatre ticket (\$70) in connection with annual NYSUT convention  
7/20/2004 - Dinner (~\$30) & hotel (\$145) in connection with mandatory annual ING agents meeting  
12/16/2004 - Dinner (~\$75) in connection w/ meeting and site visit

## 12.b. Amount.

est. \$370

Name of Person Filing Betsy Porter

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3601

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Unum Provident

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2211 Congress ST

City Portland

State Maine

ZIP Code + 4 04122

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name New York State United Teachers Benefit Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 800 Troy-Schenectady RD

City Latham

State New York

ZIP Code + 4 12110-2455

## 11.a. Nature of such dealing.

Contracted provider of insurance programs offered to NYSUT membership

## 11.b. Approximate dollar value of such dealing.

unknown

## 12.a. Nature of interest held or income received.

5/17/2004 - Dinner (~\$50) and hotel expense (\$138) associated with business meetings held over two days

## 12.b. Amount.

est. \$ 188

Name of Person Filing Betsy Porter

File Number U-

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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Ernst &amp; Young LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1280 Wall ST West

City Lyndhurst

State New Jersey ZIP Code + 4 07071

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name New York State United Teachers Benefit Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 800 Troy-Schenectady RD

City Latham

State New York ZIP Code + 4 12110-2455

## 11.a. Nature of such dealing.

Contracted provider of financial program offered to NYSUT membership

## 11.b. Approximate dollar value of such dealing.

Unknown

## 12.a. Nature of interest held or income received.

12/2004 - Holiday gift basket - distributed to staff

## 12.b. Amount.

est. \$30